

**PUMPER EMPLOYEE APPLICATION FOR RENEWAL OF
CERTIFICATE OF COMPETENCY**

Complete application and submit with \$50.00 Renewal Fee (Late fees apply after January 15, 2002)

PART I – Company Information

Business Name: _____ Registration--KC # _____
Business Location: _____
Business Mailing Address: _____
Business Phone: () _____ Fax: () _____
Name of Business Operator: _____
☐ Partnership ☐ Corporation ☐ Single Proprietor

PART II- Pumper Category (or Categories) Applied For:

☐ OSS Pumper ☐ Grease Trap/Interception or Pumper
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper

Part III – Applicant/Employee Information (Attach additional pages on training if necessary)

Full name: _____

Place of Residence/Address: _____

CONTINUING EDUCATION TRAINING

List training courses/sessions you have attended within the past 12 months - Attach a copy or copies of training course certificate(s) If more than two courses/sessions were attended, list these on an additional page.

Date	Name of Training Course(s)	Location

PART IV Signatures

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY ON-SITE SEWAGE CODE, TITLE 13, CODE OF THE KING COUNTY BOARD OF HEALTH, AND AGREE TO PUMP, TRANSPORT AND DISPOSE OF LIQUID WASTE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS.

I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETENCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

_____ Date _____
(Pumper Employee Signature)

The above mentioned individual is currently employed at _____

(Company Name)

Signature of Business Operator _____
(Authorized officer of the corporation, or managing partner, or owner)

For Health Department Use Only:

Certification Fee Paid = \$ _____ ☐ Approved ☐ Disapproved Certification Number **HW** _____

Remarks: _____

Signature of Health & Environmental Investigator _____ Date _____